AMENDMENT TRANSMITTAL LETTER							Docket No. 02755/100J524-US	
Application No.					Examiner			
10/736,049-Cd	onf. #4045	December 15, 2003 S. E. Kenne			. E. Kenne	edy 3762		
plicant(s): Bru	ce E. Reidenbe	erg et al.						
vention: TRANS	SDERMAL BUF	PRENORPHIN	E TO TREAT	PAIN IN	N SICKLE (CELL CRISIS	3	
	TO	THE COMMI	SSIONER FO	OR PATI	ENTS			
ransmitted here				• •	cation.			
he fee has beer	n calculated an	d is transmitted	d as shown b	elow.				
		r	S AS AMEN	DED				
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present		Rate			
Total Claims	64	- 28 =	36	Х	50.00	1,8	00.00	
Independent Claims	11	- 5 =	6	x	200.00	1,2	00.00	
Multiple Dependent Claims (check if applicable)						3	60.00	
Other fee (please specify): Extension for response within second month						4	50.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:						3,8	10.00	
x Large Entity				S	mall Entity			
No additiona	al fee is require	d for this amer	ndment.					
Please char	ge Deposit Acc	ount No.)4-0100 ir	the am	ount of \$		•	
	copy of this she				_			
	ne amount of \$		to cover	the filing	g fee is enc	losed.		
A check in the		DTO 0000						
	credit card. For	orm P I O-2038	-is attached.					
x Payment by				Denosit	Account N	o 04-01	00	
x Payment by x The Director		orized to char	ge and credit			o04-01	00	
x Payment by X The Director as described	is hereby auth	orized to char licate copy of t	ge and credit			o. <u>04-01</u>	00	
x Payment by X The Director as described x Credit an	is hereby auth below. A dup	orized to charg dicate copy of t nt.	ge and credit this sheet is e	enclosed	l.	·		
x Payment by X The Director as described x Credit an	is hereby auth below. A dup ny overpaymer	orized to charg dicate copy of t nt.	ge and credit this sheet is e	enclosed	l.	·		
X Payment by X The Director as described X Credit at X Charge a	is hereby auth d below. A dup ny overpaymer any additional fil	orized to charg dicate copy of t nt.	ge and credit this sheet is e	enclosed ees requ	l. Iired under 3	·	and 1.17.	
x Payment by X The Director as described X Credit at X Charge at Paul M. Zagar	is hereby auth d below. A dup ny overpaymer any additional fil	orized to chargelicate copy of the copy of	ge and credit this sheet is e	enclosed ees requ	l. Iired under 3	37 CFR 1.16 a	and 1.17.	
x Payment by x The Director as described x Credit at x Charge at Paul M. Zagar Attorney/Agent	r is hereby author is h	orized to chargelicate copy of the copy of	ge and credit this sheet is e	enclosed ees requ	l. Iired under 3	37 CFR 1.16 a	and 1.17.	
x Payment by x The Director as described x Credit at x Charge at Paul M. Zagar Attorney/Agent DARBY & DAR P.O. Box 770	r is hereby author below. A dupony overpayment fill Reg. No.: 52,3	orized to chargelicate copy of the copy of	ge and credit this sheet is e	enclosed ees requ	l. Iired under 3	37 CFR 1.16 a	and 1.17.	
x Payment by X The Director as described X Credit at a control of the control o	r is hereby author is h	norized to chargelicate copy of the literate copy of the literation of application in the literature control of the litera	ge and credit this sheet is e	enclosed ees requ	l. Iired under 3	37 CFR 1.16 a	and 1.17.	